

CLAIMANT'S NAME Joan M. Borucki			SSN or EMPLOYEE NUMBER*			DEPARTMENT California State Lottery		
POSITION Director		CB/ID No.	DIVISION or BUREAU Executive			INDEX NUMBER 1100		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 600 North 10th Street			TELEPHONE NUMBER (916) 323-0403		
CITY	STATE	ZIP CODE	CITY Sacramento			STATE CA	ZIP CODE 95811	

(1) NORMAL WORK HOURS 0800-1700	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 06/09	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
(5) DATE	TIME										MILES	AMOUNT		
06/09	1030	Sacramento - Burbank	125.50	10.00	18.00						10.50	5.78	9.95	169.23
06/10	11:30	Burbank - Sacramento		6.00		6.00	136.00	T	9.00	10.50	5.78			162.78
														0.00
														0.00
														0.00
														0.00
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														0.00
														0.00
														0.00
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														0.00
														0.00
														0.00
(13) SUBTOTALS			125.50	6.00	10.00	18.00	6.00	136.00		9.00	21.00	11.55	9.95	332.00

COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$332.00	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

MLB Education Event - Dodgers Game
****Taxi mistakenly took her to LAX instead of Burbank Airport**
****Business Expense - Hotel Internet Access**

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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CLAIMANT'S NAME Joan M. Borucki		SSN or EMPLOYEE NUMBER*		DEPARTMENT California State Lottery	
POSITION Director		CB/D No.	DIVISION or BUREAU Executive		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 600 North 10th Street		TELEPHONE NUMBER (916) 323-0403
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95811

(1) NORMAL WORK HOURS 0800-1700	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 06/09	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
					BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
												MILES	AMOUNT		
	06/22	0530	Sacramento - Nashville, TN	200.73	6.00	10.00	18.00		25.00	T		29.00	15.95		275.68
	06/23			200.73	6.00			6.00					0.00		212.73
	06/24			200.73				6.00					0.00		206.73
	06/25	0600	Nashville, TN - Sacramento		6.00	10.00		6.00	25.00	T	36.00	10.50	5.78	19.90	108.68
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
(13) SUBTOTALS				602.19	18.00	20.00	18.00	18.00	50.00		36.00	39.50	21.73	19.90	803.82
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	\$803.82
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

NASPL Spring Director's Meeting
 Business Expense - Internet use at hotel
 **Breakfast, lunch, & dinner were provided on certain days

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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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